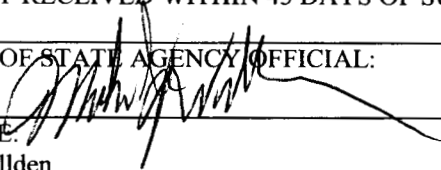



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: #04-07	2. STATE Nevada
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE Upon approval	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Pregnant Women and Infants under Section 1902(a)(10)(i)(IV)		7. FEDERAL BUDGET IMPACT: None a. FFY \$ b. FFY \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1 of Supplement 1 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 1 of Supplement 1 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: Removal of actual income chart to avoid having to update State Plan each time the poverty levels increase or change.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan amendment.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 102 Carson City, Nevada 89701	
13. TYPED NAME: Michael J. Willden			
14. TITLE: Director, DHR			
15. DATE SUBMITTED: APR 13 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 13, 2004		18. DATE APPROVED: May 25, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>PaymentStandard</u>	<u>Maximum Payment Amounts</u>
1	\$ 459	\$ 229	N/A
2	579	288	N/A
3	699	348	N/A
4	819	408	N/A
5	939	468	N/A
6	1,059	527	N/A
7	1,179	587	N/A
8	1,299	647	N/A

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

X 133 percent (no more than 185 percent)

TN No 04-07

Supersedes

TN No. 03-08

Approval Date

MAY 25 2004

Effective Date 4/1/04